

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

709

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____
Registrar's No. **709**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **SAINT LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **SAINT JOHNS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **ANNA H. PARSLEY**

3. (b) If veteran, name war _____ none
(c) Social Security No. **none**

4. Sex **FEMALE**
5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **OSCAR G. PARSLEY**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan., 29, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 23 hr. min.

9. Birthplace **Kewanee Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Ranach**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Strauber**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **CLEO PARSLEY**
(b) Address **# 7138 PERSHING AVE:**

17. (a) **CREMATION** (b) Date thereof **1/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE CREMATORY:**

18. (a) Signature of funeral director **C.R. LUPTON AND SONS**

(b) Address **# 7233 DELMAR BLVD:**

19. (a) **JAN 22 1941** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI:** (b) County **St. Louis**
(c) City or town **SAINT LOUIS: University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7138 PERSHING AVE:**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20th**
year **1941** hour **9³⁰** minute **7** M.

21. I hereby certify that I attended the deceased from _____, 1932, to **1-21-**, 1940;
that I last saw her alive on **1-21-**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
Due to **Hypertensive Cardio-**
vascular Disease

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Chas. J. H. ...** (M. D. or other)
Address **3644 ...** Date signed **1-22-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3604 Washington
SE-1800
11-2 P.M.

MAR 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.